Senior Citizens' Secretariat
Newsletter

VOLUME 99 DECEMBER 2001

Looking Ahead

Throughout the last decade we have designed numerous strategies and formulas in efforts to move from illness models to wellness models in our health care system. We have worked through blueprints for action, health reform, preventive health, holistic health and population health.

We know that in Nova Scotia the actual dollars that form the health budget is comparable to other jurisdictions, we know that cancer rates and smoking rates are the highest in the country. Tremendous efforts are being made to shift dollars from the acute care system to home care and supportive services to enable individuals to remain in communities and at home for as long as possible. I remember clearly when the home care budget was increased in the 80's from $2 million to $8 million, it is now a $110 million budget item.

Although we look to government to take leadership and develop programs that best serve the population, reaching the point where we have increased numbers of healthy active citizens cannot be achieved by government and organized programs alone.

When do we as individuals, groups and/or associations begin to take action to ensure that we, and others we know make lifestyle changes that will for the most part ensure that we remain well? When will we take responsibility and action to attain a healthy lifestyle that will keep us out of the health system, out of hospital and unnecessary consumption of medications? There are those persons who, because of hereditary or chronic disease, accidents or life circumstances need the full support of the health care system,

medications and all the techniques and technologies that our health care system provides. But what about the rest of us?

As these thoughts go through my mind and being a "baby boomer" I have been making some observations.

Among my age group and in the circles of colleagues and friends in which I work and socialize we often hear remarks that "seniors" need to change their lifestyles, need to look at alternatives to medications, need to "look" after themselves and thus not have to use the pharmacare program, etc.

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I think it's time that we as baby boomers do a little navel gazing. It has been said that the aging baby boomers who will soon become the "seniors" will be healthier, more active, take less medications and will not, to quote; "be a drain on the health care system."

As I have looked around the meeting rooms of late I see, and I am not excluding myself from this, we are to some degree overweight, only a small percentage are exercising regularly and most are experiencing varying levels of stress. Unless lifestyles changes we will succumb to the myriad of diseases that are exacerbated by overweight, lack of exercise and stress. As this year comes to a close and if we are going to "walk the talk" we need to be living examples of what we are advocating for others. We should do this for our own health and well-being and also for our families and for our future.

Every year brings its challenges and we are all experiencing, to varying degrees, a heightened awareness of life and what is most important to us, especially since September 11. As we move toward a year end, a time of special holidays and festivities and planning New Year's resolutions let us all find a way of connecting. The special meals and events we will all enjoy, those who plan and prepare and those who are fed and entertained will all find comfort beyond the meal itself. This is a time of relating to the past, experiencing the present and enjoying the promise of future. Perhaps more than any other time we are reminded of how much we have to be grateful for and of how important it is to share this time with others.

As we all celebrate our own unique and special holidays, Christmas, Ramadan, Hanukkah, and Kwanzaa I hope that you and those you hold dear are all healthy and safe and that you share yourself and your home with people you love.

All good wishes for a New Year 2002.

Valerie White
Executive Director

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles and items of interest from you. Please include your name, address and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies and programs presented by the departments of the provincial government. The Secretariat serves as a one door entry to government for seniors, seniors' groups and other provincial bodies concerned with aging issues. The Secretariat develops plans, policies and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065.

The Prudent Packer

by Anna Hobbs

On a recent 10-day trip to France, frequent flyer Lauren Christie packed everything she needed for both business and leisure—all in one carry-on suitcase. Here's what this not-so-accidental tourist took along: one skirt, one pair of relaxed-fit pants, two T-shirts, one cardigan, two silky shirts, black matte jersey pants, a dressy top and evening bag, scarf, canvas sneakers, cosmetic bag, underwear, nightgown.

The tailored pants, T-shirt, blazer and black loafers she wore on the plane were perfect for business meetings, and the shoes did double duty in the evening. She wore everything, missed nothing and whisked through airports and train stations, pulling roll-aboard behind her.

For 20-something years, travelling—both for business and pleasure—has been a large part of Christie's life. Like all frequent flyers, she has picked up plenty of tried-and-true tricks that pay big dividends—particularly the smug feeling that comes from wheeling an ultra-light carry-on off the airplane, bypassing the mob around the luggage carousel and heading straight for the exit. Over-packing is high on her list of big-time travel mistakes. But, she readily admits, "the art of living for even a week out of a single carry-on means homework. And discipline!"

Christie shares some of her best tried-and-true packing advice: Make a list of places and people you'll be visiting and visualize what you'll need and want to wear. For instance you can get away with fewer changes if you're not seeing the same people every day.

Pick one basic dark colour (black, navy or denim, for example), then coordinate with one or two complementary colours for shirts, T-shirts or sweaters (such as white, red or cream).

Limit yourself to two pairs of shoes—one comfortable pair for walking, one for business or dressier events.

Separates work far better than dresses, providing mix-and-match potential.

Matte jersey is a travel-friendly fabric.

Deal with the inevitable temperature variations by layering, not by packing heavier clothing.

Spread flat or roll up? Each of these two schools of thought has its advocates. Rolls work well in a duffle bag and for knits that don't wrinkle. When laying flat (logical for a standard suitcase), drape long items across the suitcase with the ends hanging over the sides. Put T-shirts, sweaters and underwear in the centre to act as a cushion before folding ends over.

Pack doubles of items you *really* can't live without, such as contact lenses and a photocopy of your passport or driver's licence. But when in doubt, leave it out.

Top 10 extras worth packing

- Swimsuit. Even if you're not going to the beach, it takes little room and you never know when you'll find a pool or hot tub too tempting to resist.
- Hooded rainproof poncho that folds into nothing and goes over everything.
- Sunscreen. Anytime of the year.
- List of credit cards and numbers of travelers cheques with phone numbers to call if lost or stolen. Keep the list separate from your wallet.
- Shawl. Wonderful on long flights or chilly evenings.
- Collapsible nylon bag for shopping—which you never intend to do but always seem to.
- Crushable hat. Protects from heat or cold.
- Swiss Army knife. Never leave home without this trusty item with its multi-gadgets.
- Credit card-size flashlight. Great for reading menus in dimly lit restaurants.
- Plastic bags to hold lotions, laundry or a wet swimsuit.
- Things never to take: precious jewellery or keepsakes.

Source: *CARP FiftyPlus Canada's Magazine for the Fifty-Plus* September 2001

Specialty Clinic for Women

The Women's Health Program at the IWK Health Centre is pleased to announce a specialty clinic for women with physical disabilities and/or functional limitations. The clinic provides assessment and screening (pap smears, sexually transmitted diseases, etc.); teaching (breast health and breast self-examination, etc.); counseling (menopause, pre-menstrual syndrome, etc.); and family planning. Doctor's referrals are not necessary. For an appointment call (902) 420-6755 (even though the clinic is in Halifax anyone in Nova Scotia can attend).

Investing in Nova Scotians

"Investments in Nova Scotians," is a new Web site available to help Nova Scotia's community groups and non-profit organizations access the funding necessary to deliver programs related to IT, literacy, early years, and youth.

These opportunities exist through the Canada-Nova Scotia Labour Market Development Agreement (LMDA) and the Canada-Nova Scotia Protocol on Youth Employment.

Human Development Partnership Committees (HDPC) offer information on funding and other resources under the above agreements. There are HDPCs in four areas of the province: Cape Breton, Northern, Western and Halifax. The local HDPCs determine the activities in which investments will be made based on local opportunities. Initiatives must meet the existing eligibility requirements of the funding partners.

To find out more about these opportunities and the types of projects underway in your community, check out the "Investments in Nova Scotians" Web site at: www.hrdis.ca/lmda, or contact the HDPC Coordinator in your area:

Cape Breton and Victoria counties
Cindy MacDonald, (902) 563-3318

Inverness, Richmond, Antigonish, Pictou, Guysborough, Colchester and Cumberland counties Nora Jessome, (902) 893-6326

Halifax Regional Municipality
Cathy White, (902) 424-6072

Hants, Annapolis, Kings, Digby, Yarmouth, Shelburne, Lunenburg and Queens counties
Wanda Buchanan, (902) 637-2335

Eligibility requirements

Initiatives must meet the existing eligibility requirements of the funding partners and support at least one of the strategic directions below:

Information Technology:

- Developing a skilled competitive workforce;
- Enhancing public access to IT (eg. computers, software, networks) and labour market information;
- Assisting communities in finding ways to introduce and/or adopt technology.

The Early Years (up to age six):

- Providing a comprehensive system of support to families with children in their early years;
- Raising awareness/public education;
- Providing supports for working families.

Literacy:

- Supporting literacy programs to help people make smooth transitions through school and into the workforce;
- Developing a skilled and competitive workforce;
- Promoting learning communities in Nova Scotia.

Youth (ages 15 to 30):

- Enhancing the ability of young people who face social and/or economic challenges to fully participate in their community, school, or workplace;
- Developing IT and entrepreneurial skills in youth.

Source: *Making a Difference*
Volume 3, Issue 6 - August/September 2001

Newsletters

Active Ageing in the New Millennium
Edited by Aabha Chaudhary

This publication is a result of the compilation of the proceedings of the National Seminar on "Active Ageing in the New Millennium" held in India in April 2001. The presentations by distinguished gerontologists, researchers, and academicians during the seminar have been compiled for this book. It is an attempt to reflect on the challenges facing the greying population of India and formulating suitable intervention strategies and policy recommendations.

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Participation of the Poor in Development Initiatives: Taking Their Rightful Place
By Carolyn M. Long

The convergence of interest of international donor agencies during the late 1980s and early 1990s in the practice of participation represented the beginning of a sea of change that was influenced significantly by non-governmental organizations around the world. This book is the first systematic assessment of this major change process, and includes lessons learned to support donor and recipient agencies to complete the job of institutional reform.

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Negotiating Partnerships with Older People
By Brendan McCormack

The results of an illuminative research study undertaken by nurses who work with older people in hospitals, this book addresses the issue of autonomy in their relationships. Issues arising from the study include the effects of institutional discourse, the dynamics of power and control and the institutional constraints on autonomy.

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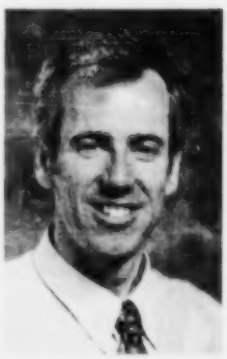


Stephen Coyle joined the Senior Citizens' Secretariat October 2001 as Research and Policy Analyst. Stephen will be producing statistical reports on Nova Scotia seniors along with analysis and recommendations on policies that affect older Nova Scotians. One of Stephen's first assignments will be to produce a brochure providing easy access to facts and figures on older Nova Scotians. Stephen will also be active on committees such as the Medication Awareness and Nova Scotia Trauma Advisory Council.

Stephen brings over 15 years of varied research experience to the Secretariat, most recently as an analyst in the Department of Tourism and Culture, where his duties included writing reports and coordinating both provincial and national committees. He also worked as a university lecturer on social research and as a private consultant.

Canadian Almanac & Directory

The latest edition of the *Canadian Almanac & Directory*, Canada's best selling source book since 1847 will soon be available. Discover for yourself the wealth of information contained in this Canadian reference source. It is the only tool you will need to gain answers to critical questions and up-to-date information about Canadian organizations, institutions, government departments, law firms, school boards. media and so much more. With over 50,000 facts and figures about Canada, it's a directory, a client prospect list, a statistical handbook and an invaluable quick reference aid—rolled into one. New to this edition are:

- New statistical tables profiling population estimates and projections, international travel education, immigration and migration.
- Election results for the federal government, British Columbia and Alberta; new executive councils in Quebec, Newfoundland and Saskatchewan; the emergence of the Democratic Representative Caucus, a new political group on the federal scene.
- Municipal amalgamations in Ontario and Quebec, notably for Quebec's most populous centres.
- Further details on the Top 1,000 Canadian companies, including type of company (public, private, Crown corporation), web-sites and e-mail addresses.

The colour section has also been revamped to accommodate the addition of two more prime ministerial portraits.

Updated maps have been included in the astronomical section of the Almanac: a standard time zone map of Canada (the third change in as many years as Nunavut finds the best time zone setup for its population), an international time zone map, and chart of magnetic declination.

These latest enhancements combined, make the finest almanac and directory Canadian information available

Visit their web-site for exclusive online specials at: www.micromedia.on.ca

Source: *Micromedia Update*
Fall/Winter Newsletter 2001

First Rule of Being a Grandparent

Just before the holidays, Grandma and Grandpa had new carpeting put down in their living room.

On Christmas day, the whole family came over to exchange presents. As she always did, Grandma placed a jar of her special strawberry jam under the tree for each grandchild.

One youngster was so excited to get a jar of her favorite that she opened it immediately. Jar in hand, she ran over to Grandma to give her a big thank-you hug.

As Grandma returned the hug, both noticed the trail of red jam across the carpet.

"I'm sorry, Grandma. I'm sorry" her youngest grandchild cried, tears welling in her eyes.

Grandma soothed her and said, "Don't worry, honey, I can make you some more!"

Source: *Looking Forward*
The Hope Heart Institute
Vol. 14, No. 6 - Early Winter 2001

"Stupidity got us into this mess—why can't it get us out of it?"
Will Rogers

Give Colds and Flu the Cold Shoulder

- Get a flu shot by December. Health experts now recommend getting an annual shot starting at age 50.
- Flu shots are also recommended if you have a chronic illness (e.g., diabetes, heart disease) or if you have a suppressed immune system (e.g., cancer treatment, AIDS).
- Eat at least five servings a day of fruits and vegetables. Also include nuts and seeds for their natural vitamin E, whole grains whenever possible, and adequate protein.
- Keep your sugar and alcohol intakes down. They can weaken the immune system.
- Drink about eight 8-oz. glasses of water a day.
- Wash your hands frequently to rid them of viruses
- Take a daily multivitamin/ mineral supplement—without iron (unless your doctor says you need it)
- Consider taking extra vitamin C (500 mg a day).
- Get at least 30 minutes of physical activity most days of the week.
- Get enough restful sleep.
- Control stress. Exercise, yoga and meditation can all help.
- If you feel like you're coming down with something, cut back to eating mostly fruits and vegetables and rest.

Sources: *Optimal Wellness*, by Ralph Golan, MD; U.S. Centers for Disease Control and Prevention

"Fifty years ago people finished a day's work and needed rest. Today they need exercise."
Unknown

Older Bones Need Protein

Everyone needs calcium, magnesium, vitamin D, vitamin K and other trace minerals to help keep bones healthy.

Now, a new study shows that eating adequate protein may also be important for reducing bone loss in older folks.

People 70 to 90 years old with the highest protein intakes lost significantly less bone over a four-year period than those who ate half as much—or less.

Study participants who reported the lowest daily protein intakes (roughly equal to half a chicken breast) had lost more bone in the hip and spine four years later than those with the highest daily protein intakes (equal to one cup of tuna salad).

Source: *Journal of Bone and Mineral Research* Vol. 15, Pg. 2504

Most-Often Broken Bones

	Age 65 & Older	Under 65
Hip	54%	6%
Arm and leg	24%	62%
Skull	2%	16%
Other	20%	16%

Source: *National Centre for Health Statistics*
National Hospital Discharge Survey

Smoking and Bones

In a group of post-menopausal women, the risk of hip fracture was about 35% higher in current smokers than in women who had never smoked.

Once a woman quits smoking, her risk of fracturing a hip continues to go down. For every five years off cigarettes, her fracture risk drops by 2%.

Also, smoking after menopause carries a greater risk of broken bones than smoking before menopause, researchers say.

Source: *Archives of Internal Medicine*
Vol. 161, Pg. 983

Earplugs for Airplanes

If you suffer from ear discomfort when you fly, the solution may be a product called *EarPlanes*.

These specially designed earplugs contain a pressure filter that slows the flow of air, giving your ears time to adjust to the rapid change in pressure during take-offs and landings.

EarPlanes sell for about $5.00.

Look for them in drugstores and airport gift shops. For more information, call (800) 327-6151 or visit www.earplanes.com.

Smooth Moves of Tai Chi

If you've been inactive for a while, you may feel intimidated by most forms of exercise: It's too hard, or you're afraid you'll lose your balance and fall.

But there's a form of exercise that's great for older folks (or anyone). It's Tai Chi (tie chee), a gentle, low-impact form of exercise that originated in China.

People from 65 to 96 years of age who participated in an hour-long class twice a week for six months said they felt both energized and relaxed, plus it helped them build better flexibility, balance and strength.

Source: *Annals of Behavioral Medicine*
Vol. 23, Pg. 139

"Worry is a rocking chair that gives you something to do, but never gets you anywhere."
J. Jelinek

Facts You Should Know About Type 2 Diabetes

- Type 2 diabetes occurs when the body does not make enough—or does not properly use insulin. Insulin is the hormone that allows blood sugar (glucose) to enter the cells of the body and be used for energy. It keeps blood sugar levels in a healthy range.
- High levels of sugar (glucose) in the blood damage blood vessels throughout the body. This vessel breakdown can eventually lead to nerve damage, infection, blindness, kidney failure, heart disease and stroke.
- About a third of people who have diabetes don't know it. And without blood testing, they won't know they have diabetes until symptoms begin to appear years after its onset. This means a lot of damage has already been done.
- You have diabetes if your *fasting* blood sugar is 126 or higher in two separate tests. But the latest thinking is that your risk of heart disease and stroke starts increasing at glucose levels even lower than that.
- Diabetes is often preceded by "impaired fasting glucose"—when blood sugar reaches levels between 110 mg/dl and 125 mg/dl. The pancreas still produces insulin (you actually have extra), but your body's cells can't use it properly—and blood sugar levels begin to rise. This condition is called insulin resistance.
- Independent of your blood test score, you are probably also insulin resistant if you have a collection of abnormalities sometimes referred to as "syndrome X"—low levels of "good" HDL cholesterol (below 40), high triglyceride levels (above 250), high blood pressure, and/or excessive abdominal fat.

Insulin resistance is also a risk factor for heart disease and possibly some cancers.

What you can do

- Exercise.
- Lose weight.
- Avoid refined carbohydrates (principally foods made with refined grains like white flour and/ or sugar).
- See an endocrinologist—a doctor who specializes in treating diabetes and other endocrine problems.
- Take medication to control your diabetes if lifestyle changes don't improve your blood sugar levels in a few months.

Testing

- Everyone should be tested about every three years, starting at age 45.
- You should start *annual* testing between ages 35 and 40 if you have any risk factors for diabetes.

You should also start annual testing if you have "syndrome X" (see above).

Diabetes Risk Factors

- Over age 45
- Family history of diabetes
- Overweight (especially excessive abdominal fat)
- Sedentary (no regular exercise)
- Low HDL cholesterol (<40) and high triglycerides (>200)
- African American, Latino, Asian, Pacific Islander, or Native American heritage
- Women who have had a baby weighing more than nine pounds or who have had gestational diabetes

For a list of diabetes symptoms, visit www.diabetes.org/

Source: American Diabetes Association

Doctor As Patient

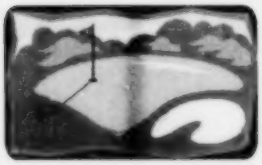
Last year, I fell 30 feet off a ski lift and, though I broke no bones, I injured my chest and developed a life-threatening disease called Acute Respiratory Distress Syndrome (ARDS).

After 92 days in the hospital and three more months of outpatient care, I returned to my "doctoring" life with a different perspective on what it's like to have the tables turned.

A few of the things I learned during my stint as a patient:

- Have attentive, question-asking family and friends present who can get you the attention and information you need in a busy hospital setting.
- Understand your diagnosis, tests and treatments. You have the right to refuse procedures you don't understand.
- Have a sense of humor. A humorous, appreciative attitude earns you more attention. You get back what you give. And besides, humor helps healing.
- Be understanding of your harried physicians and staff. In spite of what you may think, many are underpaid and all are overworked.
- Be patient. Schedules are seldom on schedule. Use delays to relax.
- Don't be shy. Body parts, for the most part, are all the same.
- If you're able, read, read, read.
- Listen to your favourite music. It's good for pain-control, boredom and other problems. Use ear phones.
- Pet a pet. If there aren't any real ones, get a stuffed animal. Talk to it and have, it "talk" to the nurses. You'll amuse yourself and others.
- Express your love of life and love for the people who care for you. Accept expressions of love from others.
- Prayer and positive thoughts can be powerful forces for recovery.

Fore!



If you are a golfer, chances are you're not warming up properly.

In one observational study, researchers said only about half of the golfers even bothered with a warm-up. And when they did, it consisted of a few practice swings.

The proper warm-up to help you avoid injuries:

- Start with a little aerobic exercise to increase your body temperature.
- Follow that with some stretching for the "golf" muscles: hands, wrists, forearms, shoulders, lower back, chest, trunk, hamstrings and groin.
- Finally, try a few practice swings.

Source: *British Journal of Sports Medicine*, Vol. 35, Pg. 125

Mental Outlook

Older people who are more fit and have less body fat may also have a better mental outlook on life than their less active, less lean counterparts, according to one small study.

Those in the study group who were more fit said they were less tired, less depressed, less angry , less tense and in an overall better mood than those who were less fit and who weighed more.

"It's well known that being fit and lean is associated with better physical health," says Kerry Stewart, senior author of the study. "In this study of men and women ages 55 to 75, we showed that it is also associated with better mental health and mood."

Source: Annual meeting of the American College of Sports Medicine

Smoking & Bladder Cancer

Smokers are 2.5 times more likely than nonsmokers to get bladder cancer. And the risk of bladder cancer may be higher in women than in men who smoke comparable numbers of cigarettes.

Source: *Journal of the National Cancer Institute* Vol. 93, Pg. 538

Voluntary Sector Leaders Assess Progress of VSI

A group of senior members of the voluntary sector is providing political and strategic leadership for the sector on the Voluntary Sector Initiative (VSI). This group of 23 is known as the Senior Sector Steering Group. Chaired by Marlene Desboisbriand of United Way Canada, the group is composed of members of the Voluntary Sector Roundtable (www.vsr-trsb.net) as well as voluntary sector co-chairs of joint tables and working groups, and voluntary sector members of the VSI's joint coordinating committee.

The Senior Sector Steering Group met in August to review the progress of the VSI from the perspective of the voluntary sector. At their meeting, Senior Sector Steering Group members reinforced the issues which remain priorities for the sector, namely:

- A serious investment in knowledge and tools to build capacity in the sector including awareness, policy capacity, human resource, management and technological capacity;
- A new strategy for financial support for the sector, including both the federal government and other sources, many of which the federal government can help lever. This should include an examination of levers and mechanisms in federal departments that could be applied to the voluntary sector
- An Accord, or framework agreement, implementation codes and commitment to on-going mechanism(s) to carry it forward;
- An in-depth consideration of access to the tax system and the treatment of advocacy;
- A broad examination of liability—both directors' and organizational liability.

The Senior Sector Steering Group members have forwarded a letter stating these priorities to the joint coordinating committee of the VSI.

The Senior Sector Steering Group also discussed concerns about the impact of the federal government's new accountability measures on voluntary organizations. They repeated calls already made for improvements to the current situation which continues to cause frustration and uncertainty for many sector organizations.

Did you know?

- Seven percent of volunteers contribute 73 percent of all volunteer hours.
- In 2000, 6.5 million people volunteered one billion hours of their time through an organization. This is a decrease of one million volunteers since 1997.
- Donations from individuals increased to almost $5 billion annually, while the average donation increased to $259, up by 11 percent from 1997.

Stay informed about VSI activities, subscribe to e-updates on our Web site: www.vsi-isbc.ca.

Source: *2000 National Survey on Giving, Volunteering and Participating*; Statistics Canada, August, 2001. (www.nsgvp.org)

"By the time you're 80 years old, you've learned everything. You only have to remember it.
George Burns

Ski Atlantic Senior's Club

As nights get cooler and days shorten, the Ski Atlantic Senior's Club members are preparing for another busy season. These enthusiastic, mature skiers have arranged their regular assault on the hills of Nova Scotia and New Brunswick. In cooperation with the Nova Scotia Ski Association, a pass for $165 enables them to ski either down-hill or cross-country at participating hills. In addition, free lessons are provided each week at Ski Martock and Ski Wentworth. New skiers are encouraged to attend and experienced skiers have an opportunity to improve their down-hill skills.

Skiing is a sociable time for seniors. Sharing ski lifts, a morning coffee break or noon lunch adds to the day's enjoyment. Fun days are held each week at Martock and Wentworth.

The season ends each year with a trip to Val d'Irene in eastern Quebec. A golf tournament in the summer provides an opportunity for friends to get together.

Since skiers ski at their own speed, age is no barrier. The sport provides an ideal opportunity for healthy outdoor exercise and a chance to beat the winter blahs. Club members agree that a day on the slopes beats the couch-potato or snowbird approach to winter. It also provides ski hills with an income on week days.

In addition to skiing in the Maritimes, the club has made arrangements for February trips to Stoneham, Quebec and Fernie, BC this season. Fernie is located a three hour drive from Calgary in southern British Columbia. The Stoneham lift pass is interchangeable with Mont Ste-Anne and le Massive. The trips are provided at minimum cost and planned for maximum enjoyment. Last year forty enthusiastic seniors enjoyed a trip to Sugar loaf, Maine.

The season pass includes Martock, Wentworth, Ben Eoin, Cape Smokey, Crabbe Mountain, Ski Poley, and Sugar loaf at Campbellton, NB. It is limited to those over 65 or over 55 if the person is retired. Further information is available from the membership secretary: Mary Kitley, SASC, Site 4, Box 3B8, RR#1, Tantallon, NS B0J 3J0. Phone 902-823-3024. The club website, which contains a membership form, is www.chebucto.ca/SportFitlSASC/index.html.

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This 'n That

The Four Stages Life

1. You believe in Santa Clause
2. You don't believe in Santa Clause
3. You are Santa Clause
4. You look like Santa Clause

Source: Unknown

Signs of age-related hearing loss

The individual...

- Complains people are mumbling
- Fails to answer questions or answer inappropriately'
- Constantly asks people to repeat what they said
- Turns head to one side when listening
- Misunderstands what has been said
- Nods or shakes head in response instead of answering
- Avoids telephone conversations
- Has trouble distinguishing soft consonants (e.g. s, f and t)
- Keeps television or radio very loud
- Fails to hear doorbell
- Stops going to movies
- Avoids socialization with others

Perspective

A steamboat was stranded in the Mississippi River, and the captain could not get her free.

A hard-looking fellow came on board and said, "Captain, I understand you want a pilot to take you out of this difficulty?"

The captain said, "Are you a pilot?"

"Well, they call me one."

"Do you know where the snags and sandbars are?"

"No, sir."

"Well, how do you expect to take me out of here if you don't know where the snags and sandbars are?"

"I know where the ain't!" was the reply.

Source: *1,100 Illustrations from the Writings of D.L. Moody*

When It Comes To Your Medications

New prescription? Good questions to ask your doctor or pharmacist:

1. What's the name of the medicine? Is this the brand or generic name?
2. Why am I taking this medicine? What is it supposed to do?
3. How much does it cost? Are there any less-expensive treatments for my condition?
4. How and when do I take it— and for how long?
5. How much or how many should I take?
6. Should I avoid any foods, supplements or other medicines while I'm taking this?
7. What should I do if I miss a dose?
8. How often do I need refills?
9. How will I know if it's working?
10. What are the risks of taking this medication?
11. Will I have side effects? If so, what should I do?

Source: American Heart Association

Incontinence

Nine million American women have "stress incontinence"—where they leak urine when they sneeze or exercise. This is not a normal condition, nor is it a natural part of aging.

Although stress incontinence is more common among older women, 30% of women develop it before the age of 35; for many, it begins with pregnancy and childbirth.

"Women who suspect they have this condition must ask their doctor for help," say incontinence experts. "If he or she tells you to "just live with it," find another doctor."

Source: American Medical Women's Association

Grieving

Ways to deal with the loss of a person or pet who meant a lot to you:

- Take a break from your routine responsibilities. Cancel obligations for at least a week after a major loss, and don't be afraid to ask family and friends for help.
- Talk about your feelings with family, friends, clergy or spiritual advisors. Suppressing feelings may prolong the grieving process.
- Use creative outlets such as writing, art or music to express your feelings and work through grief. Write poetry, a letter to the person who died or keep a journal. Gather photographs or make a commemorative video to honor and preserve memories of the one you've lost.
- Allow yourself to cry. Crying is a natural response to pain and provides an emotional release that helps you heal.
- Take care of yourself. Studies show grief can depress the immune system, making you more prone to illness. Make an effort to eat healthfully and sleep well.
- Be patient with yourself. Intense grieving can last anywhere from three months to a year. Avoid making any major life decisions during this time.
- Join a bereavement support group or see a counselor. You can get a referral from your clergy, a mental health professional, hospital or hospice.
- It's okay to make time for diversion and fun when it feels right. Laughter can be a great stress-reducer.

Source: Andrew Weil, MD

Body, Mind & Soul

"Worry doesn't help tomorrow's troubles, but it does ruin today's happiness."
Unknown

"The time you enjoy wasting is not wasted time."
Bertrand Russell

"The best thing to do behind a friend's back is pat it."
Ruth Brillhart

"If you think you're too small to make a difference, you haven't been in bed with a mosquito."
Anita Roddick

"Retirement can be a happy time, a pleasant time, a joyous time—unless you're married to the person who retired."
Unknown

"You must cross the river before you may tell the crocodile he has bad breath."
Chinese proverb

Tobacco

The definitive history of the 20th century will not deal kindly with the United States, which has condoned the world's worst man-made scourge — tobacco use.

Every year it kills twice as many Americans as alcohol, cocaine, heroin, homicide, suicide, car accidents, fires and AIDS combined.

By 2030, tobacco will be killing 10 million people a year, worldwide.

K.H. Ginzel, MD

Women & Heart Disease

- In the U.S., 1 in 3 women 65 and over has some form of heart disease.
- 50% of victims of fatal heart attacks are women.
- Each year, almost twice as many women die from heart disease and stroke than die from *all* forms of cancer combined.
- Women are more likely than men to have "silent" or unrecognized heart attacks.
- Women tend to develop heart disease 10 to 15 years later than men.
- During a heart attack, a woman is more likely than a man to have nausea, pain high up in her abdomen, and/or a burning sensation in her chest. Often this is mistaken for "indigestion."
- Heart drugs have been tested primarily on men. Women's smaller body size, hormones, and higher body-fat content may alter the effect of these drugs. New federal mandates require that women are adequately represented in new drug tests.
- Whether estrogen replacement therapy (ERT)—during and after menopause—can help delay or prevent heart disease is unproven. Studies to date suggest ERT may cut the risk of heart attack by half, but because women in these studies were often healthier, slimmer, and more active, their reduced heart attack risk may have been due to their lifestyles, rather than to the supplemental estrogen they took.
- Because of this, the FDA has *not* approved the use of estrogen for prevention of cardiovascular disease. The results of new, definitive studies on ERT are not expected for another five to 10 years.
- Like men, women should avoid cigarettes (the most important advice); maintain a healthy weight; get regular brisk exercise; stick to a low-fat diet; maintain a healthy blood pressure; and avoid alcohol if their blood pressure and/or triglycerides are elevated.
- Major studies on vitamin E indicate that this vitamin (400 mg per day) can significantly reduce a woman's risk of heart disease.
- The U.S. medical community has been conducting studies on the best ways to prevent, diagnose, and treat heart disease in women for only about five years. "We've been looking at heart disease in *men* for 30 years," says one leading cardiologist, "so we have a lot of catching up to do.".

Source: *FDA Consumer*, Vol. 28, No.9

Warning signs of a heart attack

- Uncomfortable pressure, fullness, squeezing, or pain in the centre of the chest that lasts more than a few minutes, or goes away and comes back.
- Pain that spreads to the shoulders, neck, or arms.
- Chest discomfort with lightheadedness, fainting, sweating, nausea, or shortness of breath.

  Note: These warning signs do not occur in every heart attack. But if some begin to occur, don't wait. Get help immediately.

How to help

- If you're with someone who's experiencing the signs of a heart attack—and the signs last more than a few minutes—act immediately.
- Expect denial. It's normal for someone with chest discomfort to deny the possibility that it's something serious. Insist on taking prompt action.
- Call your local emergency service for help.
- Give CPR (mouth-to- mouth breathing and chest compression) if necessary, if you've had CPR training.

Source: *Heart and Stroke Facts* by the American Heart Association

New Hope for Stroke Survivors

The Heart and Stroke Foundation of Nova Scotia is pleased to report that funding was confirmed for an exciting and innovative Yarmouth-based, Community Alliances for Health Research (CAHR) initiative, Community Alliance for the Remodeling of Rural Health Systems: Taking Action on Chronic illness. The project will receive $670,000 over five years from the Canadian Institutes of Health Research. This initiative will address the lack of community support for people with chronic illness after they leave hospital in rural areas of Canada, and look at gaps in rural healthcare services and what is needed to fill them. This project will focus on stroke, the health problem that is the leading cause of adult disability in Canada. Stroke, the number three cause of death in Canada, strikes 35,000 to 50,000 Canadians each year, and costs the Canadian economy more than $1 billion. Currently, more than 300,000 Canadians are living with the aftermath of stroke. With hospital stays shortened due to health care funding cuts, more responsibility for caregiving falls to family members. Caring for a stroke survivor is frequently physically and emotionally demanding, and support for caregivers is often lacking. Dr. Renee Lyons, Director of the Atlantic Health Promotion Research Centre at Dalhousie University, and principal investigator for the CAHR project explains that the idea of Yarmouth as the target area emerged from a needs assessment in Nova Scotia in 1995, funded by a research grant from the Heart and Stroke Foundation of Nova Scotia. The needs assessment identified a high incidence of stroke and gaps in services in the Yarmouth area. "The Heart and Stroke Foundation has been a partner in the ongoing development of this project over the past six to seven years, through concept, proposal, and most recently, implementation."

The development of sustainable, community-based initiatives that will improve outcomes for people with chronic illness will be the ultimate goal of the project, which will be organized into four phases: patient assessment, a professional symposium in Yarmouth, with participants from across Canada, development of a model for intervention, and gathering and sharing of the findings from the research.

The four partners involved in the project are the Heart and Stroke Foundation of Nova Scotia, Dalhousie University, QEII Health Sciences Centre and Yarmouth, Shelburne, and Digby District Health Authority. Dr. Lyons comments, "The project will seek to build on community assets, foster collective planning and action and support community efforts through evidence-based planning and human resource development."

Source: *Ticker Talk, Heart and Stroke Foundation of Nova Scotia* Vol. 11, No. 2, Spring 2001

Kids linked to flu in the elderly

A study in the *New England Journal of Medicine* suggests that vaccinating schoolchildren against the flu protects their elderly relatives and friends from potentially dangerous viruses. The authors note that children, as a group, are responsible for the highest rates of the spread of flu viruses.

The new study is based on a review of findings from Japanese studies conducted from the mid-70s to the 90s.

Source: *New England Journal of Medicine*

Upcoming Conference

The Second World Assembly on Aging
April 8–12, 2002
Madrid, Spain
Website: www.un.org/esa/socdev/ageing

New Publications

Expression

Bulletin of the National Advisory Council on Aging

a) Seniors and the Law

This issue is about seniors and the law, presenting the basic legal tools at our disposal to leave clear directive on matters of health, personal care and finance.
Vol. 14, No. 3, Summer 2001

b) Storytelling

This issue is about storytelling and offers perspective and validation of seniors' life experiences in family traditions and history, providing connection and flow between generations.
Vol. 14, No. 4, Fall 2001

Expression is published four times a year by the National Advisory Council on Aging

Tel: (613) 957-1968; Fax: (613) 957-9938;
E-mail: seniors@hc-sc.gc.ca;
Web site: www.naca.ca

Canadian Caregiver Coalition

Membership is open to individuals, groups, and organizations that support the mission and principles of the Coalition.

- Associations and organizations $100–$1,000 (depending on annual operating budget)
- Associate $ 75
- Caregivers/Individuals $ 20

Please call the Coalition or consult its web site for additional information about the annual fees and benefits.

Tel: (613) 233-5694 / (888) 866-2273;
web site: www.ccc-ccan.ca

Books

Kill or Cure? How Canadians can remake their health care system, by Dr. Carolyn Bennett and Rick Archbold, proposes a restructuring of Canada's current health care system by re-focusing attention to the patient-physician relationship. Dr. Bennett emphasizes the basics of effective health delivery, such as listening to patient complaints and shifting to evidence-based practice. She further examines the circumstances of the financially desperate and over-consuming patient.

This book stresses the importance of open communication between patients and their physicians, emphasizing the need for doctors to build accountability to the patient.

For more information or to order a copy, contact HarperCollins Canada at 1-800-387-0117 or 416-321-2241

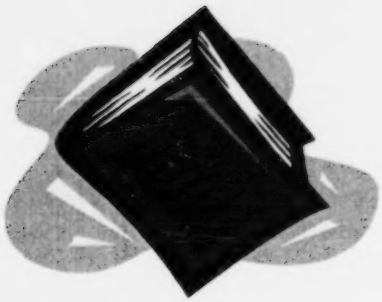
The Widowed Self

After reading numerous books and articles on widowhood, author Deborah Kestin van den Hoonaard realized that records of the experiences of older women who had lost a husband was lacking in Canada.

She then set out to interview older women and record their personal experiences. Her new book, *The Widowed Self: The Older Women's Journey through Widowhood*, is based on two years of in-depth interviews with twenty seven women in New Brunswick.

Throughout her insightful text, the author focuses on widowhood as a process of transition rather than simply one of status. She also examines the widows themselves and the strengths which they gained through their individual experiences.

For a copy of *The Widowed Self: The Older Women's Journey through Widowhood*, call Wilfred Laurier University Press at 519-884-0710 ($26.95)



The PC Problem Solver

Your complete guide to identifying, fixing and preventing common computer problems. *The PC Problem Solver* is published by Reader@s Digest Canada, Montreal, 2001. Hard cover, 192 pages $39.95

Duffer's Debut

An Introduction to Golf: by Ted Ronberg is published by Morin Ronberg& Associates Inc., 2000. Soft cover, 113 pages. $17.95

Natural Health at 50+

The Vital Guide to Living Longer and Looking Good: by Dr. Christina Scott-Moncrieff, published by Reader's Digest Canada, Montreal, 2001. Hard cover, 192 pages. $39.95

The Law and Older Nova Scotians

A Handbook of Federal, Nova Scotia Law and other related issues. The purpose of this book is to provide you with general legal information that will help you understand your rights and responsibilities. It provides general information about the law which may be of most interest to seniors, their families and to caregivers.

For further information contact:
Canadian Pensioners Concerned,
Suite 325-7071 Bayers Road, Halifax, NS
B3L 2C2; Tel: 902-455-7684; Fax: 902-455-1825

What's New

Deluxe Sock and Stocking Aid

Do you have difficulty putting on your socks? There's a new, flexible sock and stocking aid to make life easier. Here's how it works: Simply slip your sock or stocking over the flexible plastic core of the aid, with its three fingers pointing toward the toe of the sock/stocking. Put the aid down on the floor while holding on to two long loop handles. Then slip your foot into the sock and pull on the cords to bring the sock all the way onto your foot.

This device, which is lined with blue nylon to reduce friction and terry cloth on the outside to prevent slipping, can also be used with compression stockings up to 18mm/Hg compression rating. The plastic core has a one-year guarantee and is hand washable. Now you can put your best feet forward!

The Deluxe Flexible Sock and Stocking aid is available from Ableware for $12.85. Call 1-800-361-3537 to order or to find the closest retailer.

The Ability Store

Looking for a new gadget to add ease, comfort or safety to your life? Then check out the Ability Store at the Baycrest Centre for Geriatric Care. The best part is you don't have to leave home to shop. You can call 1-800-481-8725 for information or to order, or (416) 785-2500, ext. 2597.

Whatever your needs, they're bound to have something to help and they may even have things you didn't even know you needed! Some of the products include personal care items such as elastic shoe laces which stretch so you can put on your shoes without retying them, long handled sponges, household, items such as door openers and adapted eating utensils, and recreational items such as card holders and magnifying glasses. The Baycrest Centre for Geriatric Care is located at 3560 Bathurst Street, Toronto.

Upcoming Events

From Knowledge to Wisdom: A Living International Exchange on Home and Community Care - Spring 2002, Toronto, ON. Info: www.homecareglobalexchange.com

The Second World Assembly on Aging - April 8-12, 2002, Madrid, Spain. www.un.org/esa/socdev/ageing

EURAG Congress, European Federation of the Elderly - May 20-27, 2002, Turin, Italy. Tel: 43-316-814; Fax: 43-316-814-767; E-mail: www.eurag.org

Social Development in the Third Millennium, The 30th International Conference on Social Welfare - June 24-28, 2002, Rotterdam, The Netherlands. Tel: +31 30 2306510; Fax: +31 30 2306490; Website: www.nizw.nl/icsw2002 E-mail: icsw2002@nizw.nl;

8th International Conference on Alzeimer's Disease and Related Disorders - July 19–25, 2002, Stockholm, Sweden. Tel: 312-335-5813; Website: www.alz.org

10th World Congress on Pain, International Association on Pain, International Association for the Study of Pain - August 17-22, 2002, San Diego, California. Tel: 206-547-6409; Fax: 206-547-1703; E-mail: iaspdesk@juno.com: Website: www.iasp-pain.org

Four Five - Aging People and Work Life - September 22–24, 2002, Tampere, Finland. E-mail: yyhata@uta.fi

Congress of the International Association of Third Age Universities - October 2–5, 2002, Geneva, Switzerland. E-mail: congres2002@uta.unige.ch

Médecine libérale-Gérontologie, Les rencontres francophones - 19.20 et 21 octobre. Pour plus d'information, veuillez contacter : Secrétariat scientifique 52, route de Bischwiller F-67300 Schiltigheim France. Tel. : 33 (0) 3 90 20 84 84; Fax: 33 (0) 3 90 20 84 85; E-mail: urmla@wanadoo.fr

Seasonal Heart Risk

Researchers know that more heart disease-related deaths happen in the winter months (December and January) than at any other time of year.

Until now, they have chalked this up to the generally colder weather that can put stress on at-risk hearts.

But now, Los Angeles researchers have seen the same pattern in warm southern California. Obviously, the cold-weather explanation doesn't work there.

Other theories:

- High intake of high-fat foods during the holidays. Higher levels of blood fats can lead to heart attacks in at-risk people.
- Air pollution from burning fireplaces could irritate lungs, decreasing the amount of oxygen in the bloodstream. This, in turn, places stress on the heart.
- An increase in respiratory infections in the winter, which could put strain on the heart.
- The brain's biological clock may respond to short daylight hours in winter by altering the production of heart-affecting hormones—making the heart beat faster or harder.

If you have heart disease, take extra precautions during the winter: Don't overdo snow-shoveling, limit fatty foods and holiday treats, eat healthy to keep your immune system strong, and exercise when pollution levels are lowest.

Source: *Circulation*, Vol. 100, Pg. 1590

B.C. introduces new palliative care program

by Mykle Ludvigsen

On February 1, the British Columbia Ministry of Health introduced the BC Palliative Care Benefits Program. It is hoped that this program will help palliative patients who wish to live out their final days at home by covering the cost of eligible medication, medical supplies and equipment. This program covers a loophole in the previous legislation, where people dying in hospitals and care facilities were provided with medication and equipment at no charge, but patients who chose to die at home surrounded by friends and family, were forced to pay for these same items out-of-pocket, often at great expense. The Palliative Care Benefits Program attempts to address that inequity by creating a system whereby the doctor, in conjunction with his or her patient, can decide whether a hospital bed or home is the best place to live out the rest of one's life.

To be eligible, a person must be a British Columbia resident covered under the Medical Services Plan who has been diagnosed with a life-threatening disease or illness with a life expectancy of up to six months. Coverage continues as long as the person requires palliative care.

Using the Palliative Performance Scale developed by the Ministry of Health, physicians assess their patients. Applicants to the program would typically need to have a score of 50 or lower on a scale of 100 in order to qualify for the program. At 50, according to the Ministry, a patient could walk short distances but would sit or lie down most of the time, have extensive disease and be unable to do any work at all, often requiring assistance to get up or bathe. This patient, however, would be eating at a satisfactory level and would also be mentally clear.

Under the program, drug benefits are extended to all medications listed under the B.C. Palliative Care Drug Formulary. Non-prescription drugs, supplies and equipment which assist in improving quality of life can also be covered. Examples include needles, syringes, pumps and commodes.

Once the application form is filed and processed on PharmaNet, a family member of the patient can have the prescription for medication or eligible supplies filled for no cost. Some pharmacies charge dispensing fees, which are not covered under this program.

For special equipment, after the Health Authority receives the application from the physician, a home care nurse will contact the patient and arrangements will be made for a home visit to evaluate which specific kinds of supplies and equipment are required. The equipment will then be provided at no cost for as long as the patient stays in the program.

The province hopes that this program will become an important step in increasing access and choice to end-of-life care in the home for palliative care patients in British Columbia. For more information call the B.C. Ministry of Health at 1-800-465-4911, your regional health authority or the B.C. Hospice Palliative Care Association at 1-877-422-4722 or email bchpca@direct.ca

Source: *GRC News* March 2001 Vol 19 Number 4

Volunteer Resource Centre

The Volunteer Resource Centre is pleased to provide you with the final installment of resources created for the International Year of Volunteers, 2001.

- Poster on Youth Involvement
- Poster on Senior Involvement
- I Volunteer, Resource Tool for Youth Volunteers
- Helping out is Cool, resource tool for younger volunteers.

Contact the Volunteer Resource Centre at 7075 Bayers Road, Suite 216, Halifax, NS B3L 2C1; Tel: (902) 423-1368; Fax: (902) 422-5941.

Caring Canadians, Involved Canadians

The results of the 2000 National Survey of Giving, Volunteering and Participating (NSGVP) were released on August 17, 2001. The survey, first conducted by Statistics Canada in 1997 as a supplement to the Labour Force Survey, was repeated in the fall of 2000. The 2000 survey was based on a representative sample of 14,724 Canadians aged 15 and over. For our readers who are interested in the latest data on volunteers and volunteering, *Canadian Social Trends* reprints this extract of the introductory chapter to the analytical report Caring Canadians, Involved Canadians, which analyses results from the NSGVP.

The National Survey of Giving, Volunteering and Participating was developed through a partnership of federal government departments and voluntary sector organizations. These include the Canadian Centre for Philanthropy, Canadian Heritage, Health Canada, Human Resources Development Canada, Statistics Canada and Volunteer Canada.

The federal government and the voluntary sector recently launched the Voluntary Sector Initiative (VSI) to help strengthen voluntary organizations in Canada. It formally recognizes the voluntary sector as an important pillar of Canadian society along with the private and public sectors. The VSI provided funding to conduct the NSGVP in 2000. Current plans call for the survey to be repeated in 2003.

The NSGVP offers a rich source of data on many aspects of charitable giving, volunteering and participating. It serves not only as a barometer of voluntary and civic action, but also points to areas where more in-depth study is needed.

Caring Canadians, Involved Canadians: Highlights from the 2000 National Survey of Giving, Volunteering and Participating is available free on Statistics Canada's Web site (www.statcan.ca). Look under Our Products and Services, Free Publications, and then Social Conditions. The report can also be purchased in paper format (71-542-XPE, $15).

Source: *Canadian Social Trends* (insert)
Autumn 2001 No. 62

Asset versus debt

The average Canadian owed $16 for every $100 of assets they owned in 1999. But lone-parent families maintained much higher debt burdens overall ($29 per $100), and two-parent families with children owed $23. Single senior women had the lowest debt to asset ratio at $1 per $100 and persons under 25 in families who didn't own their own home had the highest at $53.

The median net worth of Canada's families was $81,000 in 1999. This is the amount left over when all assets are sold and all debts are paid. Families headed by seniors held the highest median net worth at $202,000, largely because their homes were mortgage-free. Single men under 65 had the lowest net worth, at $11,200. Key factors in determining net worth are education, occupation, age, income and the number of earners in the family.

Income Statistics Division
Client Services
1-888-297-7355
income@statcan. ca
Catalogue nos. 13FOO40XDB, 13FOO41XDB, 13FOO42XDB
Source: *Canadian Social Trends*, Autumn 2001

Reading and writing

International adult literacy skills in 22 countries have been measured using prose, document and quantitative literacy by the International Adult Literacy Survey between 1994 and 1998. Canadian adult literacy is rated below those in the Nordic countries and the Netherlands, but is at the same level as literacy rates in the United States, Australia and Germany.

Comparisons between literacy rates in Canada and the United States show that the bottom quarter of Canadians score higher than the bottom quarter of Americans, but that the top quarter of Canadians score lower than the top quarter of Americans.

The study findings confirm that low literacy rates are of concern in all regions and countries. Some proposed tools for improving literacy outcomes for North America include: life-long learning, early childhood education and care programs, improvements to the quality of education, reducing inequality in schooling, improvements to adult education access, promoting literacy-rich environments at work, at home and in the community, and improving access to information and communication technology.

Culture, Tourism, and the Centre
for Education Statistics
T. Scott Murray
1-613-951-4925
Catalogue nos. 89-572-XIE,
89-572-XPE
Source: *Canadian Social Trends*, Autumn 2001

autoQUEST

New and innovative service: enjoy buying a vehicle while saving time, money and stress!

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For further information contact: Sam Merovitch at Tel: 445-4233; Cell: 830-7266; Fax: 445-0335; E-mail: autoquest@ns.sympatico.ca;
Web site: http://autoquestns.tripod.com

Pap Test Awareness Week

Cathy Jones, commedienne and co-host of CBC's "This Hour has 22 Minutes" is this year's spokesperson for Pap Test Awareness Week, launched on October 15, 2001. Her messages to women:

- Nova Scotia has one of the highest rates of cervical cancer in the country.
- A yearly Pap test can detect changes in cells on your cervix before they become cancer.
- You need a yearly Pap test even if you are no longer sexually active or if you are over 50.
- You may still need a yearly Pap test even if you have had your uterus removed.

Ms. Jones' appeals about the importance of a yearly Pap test were echoed by others in attendance at the community launch and celebration of Pap Test Awareness Week, including Health Minister Jamie Muir and representatives from the Nova Scotia Gynecological Cancer Screening Program, Cancer Care Nova Scotia, Canadian Cancer Society-Nova Scotia Division, and the Medical Society of Nova Scotia. Their key message?... **"A simple test could save your life".**

Stolen Moments

When family caregivers are asked what they need to carry out their caregiving responsibilities, most often the response is easy access to information and an opportunity to get a break once in awhile. Getting a break or respite means different things to different caregivers. What does respite mean to you?

The term "respite" means a pause or rest from a continuous responsibility or activity and its goal is to enable caregivers to continue with their responsibilities by preventing stress and burn-out.

According to a research study conducted by Dr. Neena Chappell and Dr. Elizabeth Dow, *Getting a break: The caregiver's point of view*, most caregivers receive breaks in ways many of us would not perceive as such. The study indicated that caregivers defined respite as "stolen moments", temporary reprieves from caregiving tasks. This suggests that for many caregivers, respite is minimal. Their days are consumed by eternal vigilance where the care receiver is constantly on their mind, whether concerning health issues, quality of life or co-ordination of services. Caregivers often feel guilty due to periodic and normal feelings of anger and feel that they could be doing more.

Attitudinal change within the health care system is fundamental to providing flexible, accessible and appropriate services that provide family caregivers with opportunities to get a break. Eligibility criteria for services that focus on the care receiver create barriers that prohibit caregivers access to services. If caregivers are part of the assessment for services, it would enable service providers to identify and meet their needs.

The study confirmed that family caregivers and care receivers are minimal users of the community health system. Caregivers access outside services when the care receiver's condition worsens and becomes more complex. Prior to this, the caregiver has been providing care, on average, for about six years.

The research also confirmed that we are a caring society with a strong sense of moral obligation and commitment to our most valued relationships. People will continue to choose to provide care themselves, and the system needs to be organized to support them. Caregivers are essential to the health care system and must be integrated as partners. Providing opportunities for caregivers to get a "stolen moment" is a good place to start.

References

Lorna Hillman and Neena Chappell. (January 2000). Stolen Moments: Getting a Break When You are a Caregiver-Public Report. Centre on Aging, University ofVictoria: BC

For information about resources in your area, please consult our web site or call us at the Canadian Caregiver Coalition. (613) 233-5694; (888) 866-2273; www.ccc-ccan.ca

Source: *A Caring Voice*, Canadian Caregiver Coalition Newsletter, Fall 2001

Family councils: Measuring their worth

by Pamela Bailey

Since 1980, Concerned Friends of Residents in Long Tenn Care Facilities has been advocating voluntarily on behalf qf residents in Ontario long term care institutions. The organization receives hundreds of calls per year from individuals whose family members have been placed in long term care facilities in Ontario.

Concerned Friends has not only seen an increase in the number of calls they receive but have found that the calls are becoming more complex in nature due to the fact that the resident is entering the facilities much older, more frail and with less cognitive ability. In fact, according to Statistics Canada, approximately 75% of residents are between 80-89 years of age with an average age of admission being 85. Additionally, this older age group has doubled since 1981 and it is estimated that up to 80% of this group experience some cognitive impairment.

In 1987, in Ontario, the need for resident councils was included in the Ontario Long Term Care Standards and Regulations Manual in order to protect residents' interests. However, as the statistics indicate, there are innate challenges in ensuring these councils are established.

The literature supports the idea that families "dumping" their elderly relatives in an institution only to "forget" them is a myth. In fact, caring for an elderly loved ones does not stop upon that loved one's placement and the quality of that relationship often improves. Boyle and Kauffman (1981) state that "professionals in the field of long term care have long ignored a vital resource—the informal network of family and friends. Professionals in facilities need to work with families and not around them. "

Along with concerns about care, family members also express a need for mutual support to help them deal with the emotional difficulty associated with placement. This growing trend led Concerned Friends to believe in the need for the development of autonomous family councils.

In 1997, in cooperation with the Self Help Resource Centre of Greater Toronto, an application was made, and funding was received through Ontario Trillium Foundations Community Connections Program to pursue this concept. In January 1998 the first Family Council Project to explore and evaluate family councils in long-term care facilities began and six pilot sites in the Greater Toronto Area were established. In May 1999, additional funding was received and an additional seven pilot sites were established in different regions across the province.

Family councils defined

A family council can be defined as an organized, self-led, self-determining, democratic group composed of family and friends of residents of long term care facilities. Emphasis is placed upon mutual support, empowerment and advocacy. Although all family councils will have this variable in common, each council will be unique in meeting the needs of its members, the residents and the facility.

The pilot project proposed that family councils would benefit families, residents and facilities through two-way communication with administration, education and family input into decisions and changes. Ongoing mutual support and strength drawn from mutually shared experiences was also seen to be beneficial. The overall goal is to increase the quality of life of residents in long term care facilities.

In March 2001, the Family Councils' Project ended and a final evaluation of the project was completed by Koster Consulting and Associates. Family council members, staff liaisons and the project coordinator, as well as other major stakeholders, all participated in one-to-one or group interviews. An evaluator also visited the pilot sites to gain additional insight.

Measurable benefits

In general the family council members and facility staff were not aware of any specific mechanisms in place to facilitate family input into facility decisions, educate families, advocate on behalf of the resident and provide mutual support. Since the establishment of the councils both parties felt there were increased formal mechanisms in place that were addressing each of these issues. The main mechanism was the monthly meetings. In this forum, facility staff would make presentations to the council regarding the operation of the facility, and define the roles and responsibilities of the staff members and departments. This provided family members with the opportunity to give input into the day-to-day operations of the facility. In addition, the minutes of the meetings were used for follow-up and encouraged an increase in the level of accountability.

Positive changes

Staff felt that communication had increased. Advocacy was also enhanced, as "collective" concerns carried more weight than individual concerns and administration was viewed as approachable and having an open door policy.

All participants agreed that there had been changes to their individual facilities as a direct result of the family council. Physical environment changes included: installing ramps for emergency exits, developing facility gardens, installing a smoker's shelter, cleaning of wheelchairs and cart supplies, installing a sidewalk in front of the facility in order to improve wheelchair access to neighbouring businesses, improving maintenance issues, installing a drainage grate in front of the building and improving facility decor.

The "emotional" environment also changed in some facilities. Some quantifiable improvements included: increased feelings of security in knowing that the family council existed, residents feeling proud that their family members are on the council and residents without family to support them receiving more emotional support from family council members.

An active involvement

Families specifically identified positive outcomes, including the opportunity for family members to talk and share concerns, the awareness that family members can continue to be actively involved in the care of their loved ones, comfort in the knowledge that both staff and family members have the same interest at heart and can be more effective if they work together and the overall sense that residents are being treated better.

Although all parties agreed that the family council experience was extremely positive, there were some challenges to overcome. These included getting family members together on a regular basis, organizing speakers to provide family education, starting and maintaining the council, keeping the council "positive" while processing concerns and functioning with insufficient funding.

Although it is difficult to measure quality of life, there are many studies that show a positive correlation between the amount of family involvement and quality of care of residents. This evaluation has shown that a family council is an effective venue for increasing the ability to affect change through facility involvement, resulting in a positive impact on residents.

Source: *Rehab & Community Care Management*, Summer 2001, Vol. 10, No. 2

A Doctor's Time

Patients are hungry for physicians who will take time with them.

I understand the economic pressure today to make medicine less expensive, but I think we're being penny-wise and pound-foolish.

When physicians take the time to give sound advice, they have the opportunity to prevent future ailments...

Source: Daniel Shapiro, PhD, Assistant professor, psychiatry, psychology and integrative medicine, University of Arizona Medical School

Canadian Almanac and Directory

The latest edition of the *Canadian Almanac & Directory*, Canada's best selling source book since 1847, will soon be available. It is the only tool you will need to gain answers to critical questions and up-to-date information about Canadian organizations, institutions, government departments, law firms, school boards, media and so much more. With over 50,000 facts and figures about Canada, it's a directory, a client prospect list, a statistical handbook, and an invaluable quick reference aid—rolled into one. New to this edition are:

- New statistical tables profiling population estimates and projections, international travel, education, immigration and migration.
- Election results for the federal government, British Columbia and Alberta; new executive councils in Quebec, Newfoundland and Saskatchewan; the emergence of the Democratic Representative Caucus, a new political group on the federal scene.
- Municipal amalgamations in Ontario and Quebec, notably for Quebec's most populous centres.
- Further details on the Top 1,000 Canadian companies, including type of company (public, private, Crown corporation), web-sites and email addresses.

The colour section has also been revamped to accommodate the addition of two more prime ministerial portraits.

Updated maps have been included in the astronomical section of the Almanac: a standard time zone map of Canada (the third change in as many years as Nunavut finds the best time zone setup for its population), an international time zone map, and chart of magnetic declination.

These latest enhancements combined, make the finest almanac and directory of Canadian information available today.

Source: *Micromedia Update*, Fall/Winter Newsletter 2001, www.micromedia.on.ca (exclusive online specials)

Quiz

1) In what year will the first baby boomer turn 65? 2005 2012 2020
2) Which Atlantic Province has the highest proportion of seniors?
3) What percentage of Nova Scotia seniors receive the Guaranteed Income Supplement? 25% 44% 60%
4) How many Nova Scotians seniors will celebrate their 65th birthday in 2001. 2,500 5,000 7,500

Answers to the questions are at the back of this newsletter.

Influenza—are you at risk?

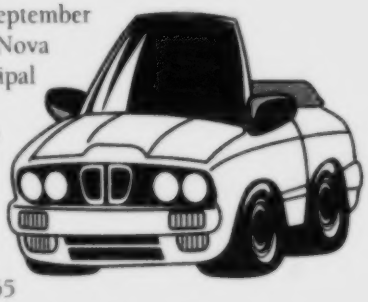
If you suffer from any chronic disease such as: asthma, bronchitis, emphysema, cystic fibrosis, heart disease, kidney disease, diabetes, anemia, cancer, HIV/AIDS, or if you are 65 or older you are at high risk for the flu.

The flu (influenza) virus attacks your respiratory (breathing) system. It can make you very sick. For adults and children with chronic lung and heart disease or for seniors, whose immune system is weaker, the flu can lead to more serious illnesses such as bronchitis and pneumonia. Complications from the flu can lead to death.

Each year in Nova Scotia there are over 30,000 visits to the family doctor for treatment of influenza. In 1994, 356 Nova Scotians died from pneumonia and influenza complications. Many deaths and doctor visits could be prevented if people had a yearly flu shot.

The flu vaccine is available from your family doctor; District Health Offices: Yarmouth 542-6310, Pictou 893-5820, Sydney 563-2400, Dartmouth 481-5800; or contact your local VON office for more information.

Senior Safe Driving Course Discount



On Wednesday, September 26, 2001 Service Nova Scotia and Municipal Relations announced a new program designed to help seniors driving longer and safer. Any driver aged 65 and up can register for a safe driving program and the Department will pay the first $40.

So far, the following organizations offer training and can offer the $40 discount at registration :

Nova Scotia Safety Council (courses offered province-wide) 2786 Agricola Street, Bloomfield Centre, Halifax, Phone: (902) 454-9621 Fax: (902) 454-6027, E-Mail: nssc@canada.com

Fundy Driving School, Amherst, Phone: (902) 667-8090, Fax: (902) 667-8090

Fundy Driving School, 46 Alicia Boulevard, Kentville, Phone: (902) 679-0607, Fax: (902) 679-0607

Pictou Driving Academy, 109 Cottage Street, Phone: (902) 485-5789 E-mail: kmaclean@north.nsis.com

Drive Wise Driving Program, Address: 512 Colby Drive, Dartmouth, NS B2V 2C1 Phone (902) 434-5113, Fax (902) 434-5189 E-mail: DriverED@AdvancedDriving.com

Discover Driving, 129 South Street, Bridgetown, Phone: (902) 665-2831 www.discoverdriving.com

South Colchester Driving School, 1288 Highway 2, Brookfield, Phone: (902) 673-2958

The Rising Tide New Horizons

The Rising Tide New Horizons seniors' group from Noel reports they have had two dances to date, one in June the other in September. Local musicians play at these dances and along with other seniors groups the public is also invited to attend.

As the Legislature was sitting during Seniors' Week in June, John MacDonell (MLA for East Hants), visited the group for an afternoon in August.

The group's annual birthday celebration was held on September 19th this year. At the October business meeting a local guest speaker spoke to them about home designation and nursing home entry conditions. Also, a dinner for the old-time dance musicians and their spouses will be held December 14th, followed by the last dance of 2001.

In the new year the group will be hosting a public meeting in connection with the Seniors Safe Driving Program. The slate of officers for 2002 will be drawn up in November.

Submitted by: Glenys H. Leck, Secretary

Two Ears One Mouth

We were born with two ears but only one mouth. Some people say that's because we're supposed to spend twice as much time listening as talking.

Others claim it's because listening is twice as hard.

Source: Unknown

Rockefeller's Rules

John D. Rockefeller, U.S. financier, philanthropist and oil magnate, made these rules when he was 60—and followed them the rest of his life.

1. Never lose interest in life and the world.
2. Eat sparingly and at regular hours.
3. Take plenty of exercise but not too much.
4. Get plenty of sleep.
5. Never allow yourself to become annoyed.
6. Set a daily schedule of life and keep it.
7. Get a lot of sunlight.
8. Don't overdo things.

Source: Adapted from *Older and Wiser* by Gretchen Dianda and Bettyb Hofmayer

Good Basic Education

"What are we going to do?" said Baby Tiger to Mama Tiger in the jungle. "Here comes a hunter, and he has five rifles, three special sighting scopes, and devices to allow him to see in the dark!"

"Hush!" answered Mama Tiger, and she taught her cub how to sneak up from behind and pounce.

The hunter was never heard of again.

All of which goes to prove that technology may be fine, but it will never be a substitute for a good basic education.

Source: *2002 Gems of Educational Wit & Humor,* Parker Publishing

Answers to questions on page 26:

1) 2012

2) Nova Scotia

3) 44%

4) 7,500

International Year of the Volunteer (IYOV) Update

On September 19th the Sixty-Plus Seniors Club of North Queens, Caledonia entered a float in the Caledonia Exhibition Parade. Their theme was "The International Year of the Volunteer". The float was decorated with balloons, flowers, pom poms, ribbons and streamers and depicted various things members volunteer for in the community. Members dressed to suit the theme while they enjoyed line "Fiddle" music by Irvine Ramey. Their entry won them a red ribbon for first prize, as well as a trophy.

On June 30th the Sixty-Plus Seniors Club had a Volunteer Banquet at the North Queens Fire Hall. Each member invited another volunteer and shared their experiences of volunteering. Everyone received volunteer certificates on behalf of the Club. Entertainment was music from Clementsport.

November 26th a Pot Luck Supper is planned with the Jolly Ponoquers from Greenfield as their guests. There will be singing, skits, slides, fiddle and keyboard music as entertainment. Everyone is looking forward to a wonderful evening.

These are the kinds of activities that promote health and active aging—congratulations!!

J. Mayer